## 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20490

Entity Name: ACHIEVEMENT ACADEMY INC.

## **Current Principal Place of Business:**

716 EAST BELLA VISTA STREET C/O PAULA SULLIVAN LAKELAND, FL 33805

## **Current Mailing Address:**

716 EAST BELLA VISTA STREET C/O PAULA SULLIVAN LAKELAND, FL 33805

FEI Number: 59-0774205 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

SULLIVAN, PAULA 716 EAST BELLA VISTA STREET LAKELAND, FL 33805 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**FILED** Mar 22, 2013

**Secretary of State** 

CC7329515632

Officer/Director Detail:

Title SD Title 1VP

MILLER, MARK Name Name JONES, JANICE PO BOX 1076 Address 2115 HARDEN BLVD Address

City-State-Zip: LAKELAND FL 33802 City-State-Zip: LAKELAND FL 33803

Title ED Title Ρ

Name SULLIVAN, PAULA Name PEEPLES, MICHAEL

716 E BELLA VISTA STREET Address 1925 E EDGEWOOD DRIVE, SUITE 100 Address

City-State-Zip: LAKELAND FL 33805 City-State-Zip: LAKELAND FL 33803

Title **TREASURER** COX, MARGARET Name Address PO BOX 3549

City-State-Zip: LAKELAND FL 33802

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

03/22/2013 SIGNATURE: PAULA SULLIVAN **EXECUTIVE DIRECTOR**